

Health Department, City of Baltimore.

Permit No. A 1730 Office of Registrar of Vital Statistics. Ward 4¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 26 "87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lizzie Myers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Don't know

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

160 Chestnut St.

Cause of Death, { First (Primary), Second (Immediate), }

Pulmonary Consumption

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, July 27/87 Alexander Hill, M. D.

{ Undertaker, G. Rinehart

Medical Attendant.

{ Place of Business, Health Office Address, 223 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

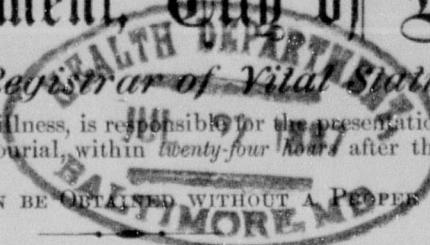
[OVER.]

Health Department, City of Baltimore.

Permit No. A 1731 Office of Registrar of Vital Statistics. Ward 5^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 25th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert Dashells

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 88 Years, Months, Days.

Color, Colored

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Eastern Shore Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Dont' know

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

516 Chestnut.

Cause of Death, { First (Primary), }

Asthma, existing for years

{ Second (Immediate), Dilated heart, all cavities involved }

Duration of Last Sickness,

Two weeks in bed

All the above information should be furnished by the Physician.

Place of Burial, E. Paul Kornetz

Date of Burial, July 27th 87

{ Undertaker, Geo. Rinehart

{ Place of Business, Health Office Address,

Alexander Hill M. D.

Medical Attendant.

223 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. A 1732 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

July 26th 1887

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ken Cateaul

Date of Burial, July 27th

{ Undertaker, B. H. Harb.

{ Place of Business, 115 West St Address, 104 Fortan

Months, Days.

5 Months,

Days.

White

✓

Baltimore M d

During Life

19 Health st

Diphtheria

3 days

Oct. Cooke M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1733 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth ^{2d} Author Mans } Parents

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months, 2 Minutes - Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore MD ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

86 St Paul St

Cause of Death, { First (Primary), Second (Immediate), }

Premature Birth

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial, Frederick Douglass Cemetery Odd Fellows

Date of Burial, July 27th 87

James Stearns

M. D.

{ Undertaker, Author Mans

Address,

Place of Business,

Corporation

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

D. J. Fitzpatrick Sanitary Inspector

Health Department, City of Baltimore.

Permit No. A 1734 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rebecca Glotzman

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months, 14

Days.

White

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

X

✓

Occupation,

Baltimore

Gtline

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

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Anity Sheel

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera infantum
Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cong.

A. Siegelwald

M. D.

Date of Burial, July 27th 1887

Medical Attendant.

{ Undertaker, Isaac Altfeld }

{ Place of Business, 188 E High St Address, 310 W Eutaw St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A

1735

Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Maria Brumauer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

8 Months,

28 Days.

Color,

Yellow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give Street and Number. }

(1518) 1878 Bank St

Cause of Death, { First (Primary),

Cholera Dystentia

Second (Immediate),

Cholera

Duration of Last Sickness,

Four (4) days

All the above information should be furnished by the Physician.

Place of Burial,

Finity Cemetery

Date of Burial,

July 27th 1887

S. E. Slover

M. D.

{ Undertaker,

John C. Slover

Medical Attendant.

{ Place of Business,

1735 Aliceanna Street

Fayot Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A

1736 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

John G. Hammerbacher

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age,

52

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Single

Occupation,

Store keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

33 years

Place of Death, { Give Street and Number.

Elk H. Cross st.

Cause of Death, { First (Primary),

Paraplegia

Second (Immediate),

Prostration

Duration of Last Sickness,

21 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 28th 1883

{ Undertaker, Julius Kochler

{ Place of Business, Sharpe & Cross

D. Buddeborn

M. D.

Medical Attendant.

Address, 418 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1737 Office of Registrar of Vital Statistics. Ward 82

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Dennis F. Haulan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, white Years, 7 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Lebe

Place of Death, { Give Street and Number. } 602 E. Madison

Cause of Death, { First (Primary), Cholera infantum. I think. Second (Immediate), I only saw the child at my office some time ago (so the parents told me) they can speak well from memory. }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician. I am not positive that I ever

Place of Burial, Holy Cross saw it but do not doubt the parents statement.

Date of Burial, July 27th Geo. B. Reynolds M. D.

Undertaker, H. C. Wedefeld

Medical Attendant.

Place of Business, 916 Greenmt Ave Address, 711 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1738 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas H Crawford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. }

1527 N Street St

Cause of Death, { First (Primary), Second (Immediate), }

Inanition

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27. 1887

{ Undertaker, Martin Fisher.

M. D. Medical Attendant.

{ Place of Business, 606 W Lombard Address, 901 Frederick St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A 1739 Office of Registrar of Vital Statistics. Ward 12¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 26 1887

Full Name of Deceased, Willie Tucker

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, Years, 1 Months, 24 Days,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. 1125 Morris St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. 1125 Moreb Alley

Cause of Death, { First, (Primary).

Second, (Immediate). Enteritis (Diarrhoeal)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpst Cemetery

Date of Burial, July 27. 87

{ Undertaker, D. H. Hamby

{ Place of Business, 561 Orchard St. Address, 1027 Madison St. H. P. 0388

Dora A. Brewster M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]